

DEPOSIT  
DOR4

DATE  
FEB 08 1999

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MAILING

APPLICATION 990139-TC

**\*\* FLORIDA PUBLIC SERVICE COMMISSION \*\***

**DIVISION OF COMMUNICATIONS**  
**BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM**  
for  
**AUTHORITY TO PROVIDE (PATs)**  
**PAY TELEPHONE SERVICE**  
**WITHIN THE STATE OF FLORIDA**

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**INSTRUCTIONS**

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgment Card, and a non-refundable application fee of \$100.00 to:

Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770

- ◆ if you have questions about completing the form, contact:

Florida Public Service Commission  
Division of Communications  
Bureau of Certification and Evaluation  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6800

# APPLICATION

1 Name of company:

~~BH Communications~~ B. Langston

2 Name under which applicant will do business (fictitious name etc.)

Burleigh & Hedi B Langston

3 Official mailing address (including street name & number, post office box, city, state and zip code).

~~4034 H OAKLAND Hills Court~~  
~~Rotonda West FL 33947~~  
PO Box 5083  
Englewood FL 34224-0083

4 Florida address (including street name & number, post office box, city, state, and zip code):

11 OAKLAND Hills Court  
Rotonda West FL 33947

5 Structure of organization:

- Individual  Corporation  
 General Partnership  Limited Partnership  
 Other, \_\_\_\_\_

6 If incorporated in Florida, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate registration number: \_\_\_\_\_

# APPLICATION

7 If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 885.09 FS) to operate in Florida

(a) Florida Fictitious Name registration number: \_\_\_\_\_

8 F. E. I. Number (if applicable): NOT APPLICABLE

9 If individual, provide:

Name: B Langston & Heidi Langston

Title: OWNER

Address: ~~HOAK LAND HILLS COURT~~

City/State/Zip: ~~Rotonda West FL 33947~~

Telephone No.: 941 698 1781 Fax No.: 941 698 1781

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

10. If a partnership, provide name, title and address of all partners and a copy of the partnership agreement.

(a.) Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

# APPLICATION

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

(b) Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

1) Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: Burleigh Langston

Title: Burleigh Langston OWNER

Address: PO Box 5083

City/State/Zip: Englewood FL 34224-0083

Telephone No.: 941 698178 / Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

(b) Official Point of Contact for the ongoing operations of the company.

Name: Burleigh Langston

APPLICATION

Title: OWNER

Address: ~~11 OAKLANDHILLS COURT~~

City/State/Zip: Rotonda West FL ~~33947~~

Telephone No.: 941 6981781 Fax No.: ~~941 6981781~~

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers.

Name: ~~B Lano~~ Burleigh Langston

Title: OWNER

Address: 11 OAKLANDHILLS COURT

City/State/Zip: Rotonda West FL 33947

Telephone No.: 941 6981781 Fax No.: 941 6981781

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

12. Indicate if applicant or any subsidiary, partner, officers, director or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation.

No  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICATION

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number

NO

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NO

b. Has applications pending to be certificated as a pay telephone provider

JUST IN FLORIDA

# APPLICATION

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

NO

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

NO

16. Please check (✓) the services that will be provided:

LOCAL  
LONG DISTANCE  
COIN  
CALLING CARD  
CREDIT CARD  
OTHER (Describe)

900 950

888 800 #

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 6

# APPLICATION

18. How does the applicant intend to service and maintain each payphone (✓) (check all that apply)

PERSONALLY	<input checked="" type="checkbox"/>
FULL-TIME TECHNICIAN	<input type="checkbox"/>
PART-TIME TECHNICIAN	<input type="checkbox"/>
SERVICE/REPAIR/MAINTENANCE CONTRACT	<input type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

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19 Will each of the pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 850-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.)

Yes ( ) No

Explain: \_\_\_\_\_

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20. Will each of the pay telephones to be installed conform to subsections 4.29.2 - 4.29.4 and 4.29.8 of the American National Standard Specifications for Making Buildings and Facilities Accessible and Usable by Physically Handicapped People (Attachment F, ANSI STANDARDS) (See Rule 25-24.515(13), F.A.C.).

Yes ( ) No



**\*\* APPLICANT FEE/TAX STATEMENT \*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

**UTILITY OFFICIAL:**

Burleigh Langston Burleigh Langston 2-2-99  
Signature Date

OWNER 1-941 698 1781  
Title Telephone No

Address: PO BOX 5083  
Englewood FL 34224-0083

Fax No. ~~698 1781~~

**ATTACHMENTS:**  
A - Affidavit  
B - Applicant Acknowledgment



**APPLICANT ACKNOWLEDGMENT**

Applicant: Burleigh Langston

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature: Burleigh Langston Date: 2-2-99

Printed Name: BURLEIGH LANGSTON

Title: OWNER

Address: PO BOX 5083  
Englewood FL, 34224-0083

Telephone No. 941 698 1781

Fax No. \_\_\_\_\_

**THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.**

DEPOSIT  
DOR4

DATE  
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99 FEB -6 M 9 29  
MAIL ROOM

APPLICATION

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(850) 413-6770

- ◆ If you have questions about completing the form, contact:

BURLEIGH LANGSTON  
HEIDI LANGSTON  
941-698-1781  
11 OAKLAND HILLS CT.  
ROTONDA WEST, FL 33947

*Amount Withdrawn*

591

Date 2-2-99

63-9178/670

Pay to the Order of FLORIDA Public Service Comm. \$100.00

one hundred and no 100 Dollars

WORLD SAVINGS BANK, FSB  
1450 PLACIDA ROAD  
ENGLWOOD, FL 34423

Security features included. Details on back.

For Public Phones Burleigh Langston

DOCUMENT NUMBER-DATE

01642 FEB-88

886-8008 (8-88)